Date: November 18, 2011

Subject: 2012 New Hospital Infections Disclosure Act (HIDA) Reporting Requirements, Update #7:
- **Updated HIDA Reporting Requirements for NHSN**
- **PILOT Healthcare Personnel Influenza Vaccination Rate Surveillance Survey, Part II**

To: South Carolina Licensed Inpatient Acute Care Hospitals (excluding psychiatric /substance abuse)

From: Kathleen Antonetti, MD
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Effective date for changes: January 1st, 2012

Change: All facilities, regardless of bed size, are required to report COLON data in NHSN, effective January 1st, 2012.

Legal authority: South Carolina Hospital Infections Disclosure Act (HIDA) Code of Laws of South Carolina, 1976, Chapter 7, Article 20, Title 44

Appendix 1: HIDA NHSN Data Completeness and Quality Requirements – No Changes.

Appendix 2: HIDA Background, Legal Basis for Reporting, and Description of Data Reporting Systems

Appendix 3: HIDA as amended in May 2010 changed the date the annual report and semi-annual reports are due and allows DHEC to levy fines for noncompliance.

Surgical Site Infections (SSI) and Central Line Associated Bloodstream Infections (CLABSI),
When reporting SSI and CLABSI, hospitals must follow reporting, training, and data quality requirements and instructions from the following documents and websites:

1. **Hospital Infections Disclosure Act (HIDA) Reporting Requirements –Update # 6 (attached) –**
   -No changes in CLABSI or SSI reporting requirements from Update #5 www.scdhec.gov/hidainfo
   -Added requirement for facilities to complete and submit the Annual Infection Prevention Processes Survey to DHEC
   - Added PILOT: Healthcare Personnel Influenza Vaccination Surveillance

2. **CDC National Healthcare Safety Network (NHSN) Enrollment, Training, and Patient Safety Component** http://www.cdc.gov/nhsn/index.html

   - Hospitals must follow CDC NHSN Patient Safety Component http://www.cdc.gov/nhsn/psc.html for
     - Case Surveillance Definitions, referenced tables, key terms, and location codes.
     - SSI Procedure Associated Module
       - NHSN Patient Safety Module - Table 12 - most current version of the Operative Procedure Categories and all of the ICD-9 codes and case definitions for each reportable SSI. Always use the appropriate ICD-9 Procedure Codes associated with each procedure.
     - CLABSI Device Associated Module

- Hospitals must assign a CDC Location Label for each unit based upon the Location definitions in the NHSN CLABSI Device associated protocol.

3. **Methicillin resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSI),**
   Hospital and Clinical and reference laboratories must report MRSA Bloodstream Infections to DHEC as designated in the Laboratory Reporting Requirements on the annual S.C. List of Reportable Conditions.

A. HIDA Reporting requirements for NHSN – Update # 7

1. **Surgical Site Infections (SSI)** for the following procedures, in all hospitals where these procedures are performed.
   - Coronary Artery Bypass Graft (CBGB) (both chest and donor site incisions)
   - Coronary Artery Bypass Graft (CBGC) (with chest incision only)
   - Hysterectomy (abdominal - HYST)
   - Hip – prosthesis- (HPRO)
   - Knee – prosthesis – (KPRO)
   - Colon (COLO)

   *PLEASE NOTE: ***Starting January 1st 2012, all facilities, regardless of bed size must report colon data to NHSN.*** Prior to January 1st 2012, only facilities less than 200 beds were required to report colon data.

2. **Central Line Associated Bloodstream Infections (CLABSI**) in all hospital inpatient categories listed below must be entered into NHSN. Central line denominator data must also be entered for all reportable locations as described in the NHSN Protocols.

   a. All inpatient units must be assigned a Location Code as defined in the CDC NHSN Protocols

   b. All units listed in the following categories are reportable inpatient units (locations):

   Adult Critical Care
   Pediatric Critical Care
   Inpatient Specialty Care Areas
   Inpatient Adult Wards
   Inpatient Pediatric Wards
   Step Down Units

   ***Hospitals designated in the most current South Carolina Health Plan http://www.scdhec.gov/health/cofn/hrshp.htm as care providers in the following Neonatal Intensive Care Units (NICU) must report CLABSIs using all NHSN requirements into NHSN location codes.**

   - Level III Nursery (CDC Location - NICU Level III)
   - Level II / III Nursery (CDC Location combined NICU Level II/III)
   - Level II E Nursery (CDC Location combined NICU Level II/III)

The decision to phase in reporting for neonatal units was made by DHEC in 2009, with advice from the HIDA Advisory Committee. The reporting requirements were deferred until such time that the CDC revised the NHSN CLABSI surveillance definition for neonates. The CDC has now deleted "clinical sepsis in neonates without a positive lab culture" from the NHSN case definition, therefore the CLABSI NICU reporting requirement began on January 1, 2011. Please see the Appendix for instructions on how to add a CDC NHSN Location.

Level II Nurseries do **not** need to report CLABSI to DHEC at this time.

***Current:** Greenville Hospital System, McLeod Regional Medical Center, MUSC, Palmetto Health Richland, Palmetto Health Baptist, Spartanburg Regional, Self Regional Health, Piedmont Medical

Center. **Plus** any additional hospitals approved by DHEC to provide care in the reportable nursery categories.

B. HIDA Reporting Requirements – Update # 7 (no changes from Update #6)

DHEC List of Reportable Conditions:

All clinical laboratories must begin reporting MRSA bloodstream infections as shown below:

1. Methicillin resistant *Staphylococcus aureus* (MRSA) bloodstream infection (BSI)

- MRSA bloodstream infections (BSI) have been added to the **DHEC List of Reportable Conditions**.
- Microbiology laboratories are required to report all MRSA positive blood culture results in patient and outpatient and the associated antibiograms.
- All required information listed below must be submitted with the report in order to link this data with other patient information needed to calculate infection rates.
- A hospital associated MRSA infection is defined as an MRSA bloodstream infection in a patient with the first positive culture collected more than 48 hours after admission.
- Infection incidence rates will be calculated based on the number of inpatient hospital associated MRSA infections reported in 6 months over the number of total occupied bed days in the same 6 month period stratified by hospital size.
- DHEC will link the Lab reports (date of specimen collection) with the Office of Research and Statistic Hospital Discharge Data for each patient (date of admission) to identify cases meeting the definition and then find the denominator (total number of occupied bed days in each hospital / 6 months period.)

Laboratory results must be reported within 1 week by 1(one) of the following methods:

1. **Electronic Laboratory Reporting (ELR)** – Hospitals with ELR will download the reports to DHEC through this route. ELR reports are downloaded electronically from the hospital's lab system, using the following codes:
   - SNOMED code: L-24852 Methicillin resistant Staphylococcus aureus
   - LOINC code: 600-7 MICROORGANISM IDENTIFIED BLOOD CULTURE

   For more information on obtaining ELR, contact Jason Collins by email: COLLINJ2@dhec.sc.gov

2. **Carolina's Health Electronic Surveillance System (CHESS)** – CHESS is a free web-based system that allows physicians, nurses, and lab professionals to report to DHEC as quickly and simply as possible. Anyone with a CHESS account can enter an electronic MRSA report using Lab Report. Complete instructions are available under Special Instructions at http://www.dhec.sc.gov/health/disease/chess/clubhouse.htm

   To request an account and training, contact:
   CHESS Help Desk at 1-800-917-2093 or Ann W. Bell bellaw@dhec.sc.gov

3. **DHEC 1129 Disease Reporting card** – If your hospital does not have ELR capabilities or CHESS, complete the 1129 card and mail it to: DHEC DADE Reporting, P.O. Box 101106, Columbia, SC 29211.

The following information is required when the MRSA report is submitted to SC DHEC and when submitting blood cultures to reference labs to report on the hospitals behalf:

1. Patient's name
2. Date of birth
3. Unique Patient ID number: SSN, if possible, or medical record number.
4. Gender
5. Date of collection of blood culture
6. Date of positive blood culture result
7. Whether specimen was drawn from a peripheral or central line (if known)
8. Name of the laboratory processing the blood culture
9. *Name of the hospital/medical office or healthcare facility reporting the positive result
10. Name of the hospital/medical office or healthcare facility (ordering facility) where the blood culture was drawn. Check the box that says "same as reporting facility" if it is applicable
11. *Submit the susceptibility results for oxacillin, vancomycin and trimethroprim/sulfamethoxazole

C. HIDA Reporting Requirements – Update # 7
Acute Care Facility Prevention Processes Reporting:

All Acute Care Facilities must continue to report their current prevention processes by completing the 2012 Annual Infection Prevention Processes Survey.

In response to the South Carolina Hospital Disclosure Act, The South Carolina Department of Health and Environmental Control (DHEC) is requiring all South Carolina acute care facilities to complete the HIDA Hospital Infection Prevention Processes Survey. Response is required for compliance to the South Carolina Hospital Infections Disclosure Act Code of Laws of South Carolina, 1976, Article 20, Title 44, Section 44-72430(A)(2) "Hospitals also shall report completeness of certain selected infection control processes, as recommended by the advisory committee and defined by the department, according to accepted standard definitions."

The survey will collect information on the following topics:

A. FACILITY INFORMATION
B. INFECTION CONTROL RESOURCES
C. INFECTION CONTROL POLICIES / PROCEDURES / MONITORING
D. INFECTION CONTROL PROCESS MONITORING
E. DATA DISSEMINATION AND USE
F. ANTIBIOTIC STEWARDSHIP POLICIES/PROTOCOLS

***An electronic survey will be emailed to the infection preventionist at every acute care facility during fall 2012. Each facility is required to complete the survey and return it to DHEC by TBD.**

PILOT: Healthcare Personnel Influenza Vaccination Surveillance

Part I: Distributed by SCHA in Fall 2011
Part II: To be distributed in Spring 2012

In preparation for new HIDA reporting requirements in 2012/2013, **DHEC is piloting a healthcare personnel influenza vaccination surveillance system during the 2011/2012 flu season.** The South Carolina Hospital Association (SCHA) distributed Part 1 of the survey (via Survey Monkey) in September 2011. Part 1 collected information on facility policies and mandates regarding healthcare personnel seasonal influenza vaccination. SCHA will distribute Part II in April 2012. Part II will collect information healthcare personnel seasonal influenza vaccination rates. The survey is to be completed by an infection preventionist and/or employee health nurse at participating South Carolina acute care hospitals.

***Data collected from this pilot study will not be published on the South Carolina Department of Health and Environmental Control HIDA web page. However, in compliance with the South Carolina Freedom of Information Act (Title 30. Public Records Chapter 4. Freedom of Information Act Section 30-4-10), data may be shared at the request of the public.**

Appendix 1

HIDA NHSN Data Completeness and Quality Requirements:

Patient ID Number: Use the SSN and the medical record number or hospital billing number for patient ID. This will ensure that we can link the records for validation efforts.

Hospital staff assignments and changes:

- Hospitals must immediately notify DHEC when the NHSN Facility Administrator changes. They must submit the name, e-mail address, phone number and their assigned role.

- Hospitals must also notify DHEC when the Hospital Administrator or person responsible for notifying the Administrator, Director of Infection Control, or the NHSN Facility Administrator changes. These above positions will receive all HIDA reporting requirements updates.

- Maintain a list of NHSN Users in your facility and their training dates.

NHSN Patient Safety Protocol (PSP): Hospitals **must** follow all reporting instructions in the current CDC NHSN Patient Safety Protocol http://www.cdc.gov/nhsn/psc.html and specific instructions in the SSI portion of the Procedure Associated Module and the CLABSI portion of the Device Associated Module (including referenced tables, key terms, and location codes).

- The SSI portion of the PSP includes the specific ICD-9 Codes for each reportable Operative Procedure Code. All ICD-9 codes listed for each procedure, must be monitored and reported to ensure complete reporting.

- Notes on Hip (HPRO) and Knee (KPRO) prosthesis (no change, but included here as a data quality reminder):
    - For HPRO the options are: TP - Total Primary, PP - Partial Primary, TR - Total Revision, or PR - Partial Revision; For KPRO the options are: T- Primary (Total), or R - Revision (Total or Partial)

Device Associated Module Location Codes: To report CLABSI, hospitals must assign each inpatient unit with an NHSN Location Code (e.g. Surgical Critical Care, Long Term Acute Care, Medical Inpatient Ward.) You must add a location, before you create your monthly reporting plan. When adding a location "Your Code" and "Your Label" will tell the Group Administrator what kind of unit you are referring to. The code and label should be easily recognizable and descriptive. The names should be descriptive (e.g. ICU) and self-explanatory for the DHEC State Group Administrator and not just numbers that an individual institution understands. If you would like to have numbers in your code, put the numbers at the end and use a prefix (i.e. ICU 123). Once the code and label have been established, then each unit should be assigned an appropriate "CDC Location Description"* selected from the NHSN manual (e.g. inpatient medical/surgical ward). Lastly, make the unit active, enter the bed size, choose save, and repeat as needed. For further instructions search the HELP feature for "add a location."

It is very important that you choose the right "CDC Location Description", so that it can be appropriately mapped to the type of unit you intend it to be. For example if your code is MSWard3rd and you choose "CDC Location Description" Medical/Surgical Critical Care, your standardized infection ratio (SIR) would be incorrect when calculated. Your SIR would be calculated from the wrong pooled mean, and could result in you having a higher SIR when that's not the case. It will also make the state SIR higher.

Definition of CDC Location Codes from the NHSN Patient Safety Protocol:
"CDC Location (formerly labeled "NHSN Location"): A CDC-defined designation given to a patient care area housing patients who have similar disease conditions or who are receiving care for similar medical or surgical specialties. Each facility location that is monitored is "mapped" to one CDC Location. The specific CDC Location code is determined by the type of patients cared for in that area according to the **80% Rule**. That is, if 80% of patients are of a certain type (e.g., pediatric patients with orthopedic problems) then that area is designated as that type of location (in this case, an Inpatient Pediatric Orthopedic Ward)."). **"** CDC has recently added mixed acuity wards, and those may be chosen, when appropriate.

Hospitals should create a list of hospital wards and assign each one a CDC Location Code that meets the 80% rule for the type of care described in the Location Code definition. Then select wards that meet the definition of the HIDA required CDC Locations and collect denominator data and report infections in **all** patient care units that meet these location definitions. These location codes present challenges for data analysis, hospital comparison, and assigning location codes based upon patient mix.)

Appendix 2

HIDA Background, Legal Basis for Reporting, and Description of Data Reporting Systems

Background:
In May 2006, the South Carolina General Assembly passed the Hospital Infections Disclosure Act (HIDA) requiring hospitals to report selected hospital acquired infections to DHEC. South Carolina hospitals began reporting selected procedures on July 1, 2007, after training for and enrolling into the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). HIDA also allows reporting requirements to be phased in. Hospitals have a limited number of Infection Preventionist (IP), that are trained in the detection and prevention of hospital acquired infections. Reporting requirements are being phased in to allow hospitals to adjust staffing to meet the increased demands of reporting and to limit, as much as possible, professional staff time away from prevention efforts during this transition to public reporting. Please see www.scdhec.gov/hidainfo for current and archived reporting requirements.

Legal Basis:
South Carolina Law, Chapter 7, Article 20, Title 44 - South Carolina Hospital Infections Disclosure Act (HIDA) amended Chapter 7 Title 44 by adding Article 20 to require hospitals to collect data and submit reports to the Department of Health and Environmental Control on hospital acquired infection rates.
As amended: http://www.scdhec.gov/health/disease/hai/docs/Statute_ARTICLE_20_as_amended.pdf

South Carolina Law, Chapter 7, 44-29-10, and DHEC Regulations 61-20 requiring laboratories to report to DHEC certain conditions designated on the List of Reportable Conditions and published by January of each year.

HIDA Data Reporting Systems:

Three data systems are being used for collecting HIDA reports. These are the CDC National Healthcare Safety Network (NHSN), the DHEC Carolina Health Surveillance System (CHESS), and the Office of Research and the Statistics' (ORS) Hospital Discharge Data Set.

1. NHSN Patient Safety Protocol:
DHEC selected NHSN for use as the reporting system to comply with HIDA participation and reporting requirements for SSI and CLABSI. The data are submitted to CDC through a secure digital network. Therefore, all CDC NHSN protocols, including definitions for infections, procedures, and hospital units (locations), must be followed by all hospitals when reporting Surgical Site Infections and Central Line Associated Bloodstream Infections. DHEC reporting requirements must be followed.

c. For public reporting of CLABSI rates:
   i. Individual hospitals will report rates for all locations. DHEC will combine Infection rates for multiple locations of the same location type into one rate. (e.g. data from two Medical Surgical Critical Care units will be combined into one rate)
   ii. Comparison reports will include only those locations with a pooled mean in the most recent NHSN Data Report. 1

2. DHEC List of Reportable Conditions: Carolina Health Surveillance System (CHESS):

For HIDA reporting purposes, the CHESS system is only used for reporting MRSA bloodstream infections. DHEC's existing disease surveillance system, receives reports from all hospitals, physicians, and laboratories that are mandated to report certain conditions on the annual List of Reportable Conditions. These reports are submitted to DHEC CHESS through Electronic Laboratory Reporting (ELR) directly from the hospital or reference lab computer system; entered into the CHESS web based reporting page; or submitted by paper reports disease reporting cards that are mailed to DHEC and then entered into CHESS -**Carolina's Health Electronic Surveillance System (CHESS).** CHESS is a free web-based system that allows physicians, nurses, and lab professionals to report to DHEC as quickly and simply as possible. Anyone with a

CHESS account can enter an electronic MRSA report using Lab Report. Complete instructions are available under Special Instructions at http://www.dhec.sc.gov/health/disease/chess/clubhouse.htm

To request an account and training, contact:
CHESS Help Desk at 1-800-917-2093 or Ann W. Bell bellaw@dhec.sc.gov

DHEC 1129 Disease Reporting card – Hospitals and labs that do not use the ELR system or the CHESS web-based reporting system must mail the reports to DHEC via hardcopy at least once per week to DHEC DADE Reporting, P.O. Box 101106, Columbia, SC 29211.

3. Office of Research and Statistics (ORS): Hospital Discharge Data Set: Data from either of these systems will be linked with data from the Hospital Discharge Data Set in the Office of Research and Statistics (ORS), which will include the admission date to obtain information needed to complete an MRSA report. ORS data will also be used to validate some of the data submitted into NHSN.

Appendix 3

HIDA Amendment, May 2010: Changed HIDA reporting dates and allows DHEC to levy fines for non-compliance.

1. **HIDA Reporting Dates:** DHEC will submit the annual HIDA report by April 15 of each year. HIDA requires reports every six months in the timeframe established by DHEC.

- HIDA Reporting Dates every 6 months
  - Dec. 2009 – June 2010 (7 mos) Oct. 15, 2010 (Individual Hospital Reports)
  - Dec. 2009 – Dec 2010 (13 mos) April 15, 2011 (HIDA Annual Report with Comparison)
  - Jan 2011 – June 2011 (6 mos) Oct. 15, 2011 (Individual Hospital Reports)
  - Jan 2011 – Dec 2011 (12 mos) April 15, 2012 (HIDA Annual Report with Comparison)

  ***Facilities are required to submit data continuously on a monthly basis to NHSN. If a facility is unable to continuously submit data for any reason, they should notify DHEC immediately for assistance.**

- In NHSN, data for analysis is available 30 days following the end of a reporting period. The dates DHEC can access the full data set will be August 1 and February 1, leaving about 10 weeks to complete the annual and six month reports.

- DHEC may levy a fine for non-compliance with HIDA. Previously, the only penalty was compliance as a condition of licensure. http://www.scdhec.gov/administration/regs/docs/61-16.pdf

  SECTION 105. PENALTIES:
  The department may deny, suspend, or revoke licenses or assess a monetary penalty for violations of provisions of law or departmental regulations. The department shall exercise discretion in arriving at its decision to take any of these actions. The department will consider the following factors: specific conditions and their impact or potential impact on health, safety or welfare; efforts by the facility to correct; overall conditions; history of compliance; any other pertinent conditions. The classification of violations (i.e., Class I, II, or III) is included in Appendix B to this regulation. If a decision is made to assess monetary penalties, the following schedule will be used as a guide to determine the dollar amount:

  APPENDIX B - CLASSIFICATION OF VIOLATIONS
  A violation of any section not listed in this schedule will be considered a *Class III violation.
  **Reporting of HAIs is not listed in Class I or II, so it is by this description a Class III violation with the designated fee schedule in the Regulation.*

  See page 11 below for the penalty chart in the Regulation at the time these HIDA Reporting Requirements were distributed:

Frequency of violation of standard within a MONETARY PENALTY RANGES

24-month period	Class I	Class II	Class III
1st	$ 200-1000	$ 100- 500	$ 0
2nd	500-2000	200-1000	100- 500
3rd	1000-5000	500-2000	200-1000
4th	5000	1000-5000	500-2000
5th	5000	5000	1000-5000
6th and more	5000	5000	5000

A. Class I violations are those which the Department determines present an imminent danger to the patients of the facility or a substantial probability that death or serious harm could result there from. A physical condition, one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

B. Class II violations are those which the Department determines have a direct or immediate relationship to the health, safety or security of the facility's patients other than Class I violations. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

C. Class III violations are those which are not classified as serious in these regulations or those which are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to
be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

D. Violations of §44-7-320(A)(2) and (4) **[See Note]** of the S.C. Code of Laws of 1976, as amended, quoted below, are considered Class I violations:

[Note: This reference, as printed in the State Register, is incorrect. The correct reference is 44-7-320(A)(1)(b) and (A)(1)(d)]

"(2) Permitting, aiding, or abetting the commission of any unlawful act relating to the securing of a Certificate of Need or the establishment, maintenance, or operation of a facility requiring certification of need or licensure under this article;"

"(4) Refusing to admit and treat alcoholic and substance abusers, the mentally ill, or mentally retarded, whose admission or treatment has been prescribed by a physician who is a member of the facility's medical staff; or discriminating against alcoholics, the mentally
ill, or mentally retarded solely because of the alcoholism, mental illness, or mental retardation."

References

1. National Healthcare Safety Network (NHSN) Report, data summary for 2006 through 2008, issued December 2009, http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf
   Jonathan R. Edwards, MStat, Kelly D. Peterson, BBA, Yi Mu, PhD, Shailendra Banerjee, PhD, Katherine Allen-Bridson, RN, BSN, CIC, Gloria Morrell, RN, MS, MSN, CIC, Margaret A. Dudeck, MPH, Daniel A. Pollock, MD, and Teresa C. Horan, MPH Atlanta, Georgia.
   Published by the Association for Professionals in Infection Control and Epidemiology, Inc. (Am J Infect Control 2009;37:783-805.)

2. South Carolina State Health Plan: http://www.scdhec.gov/health/cofn/StaffHealthPlan0809.pdf (no changes in NICU designation for the new draft for 10-11).